

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

10797821

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	IND
1							31								
2							32								
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48															
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50															
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	23						TOTAL DEP.								
TOTAL CLAIMS	27						TOTAL CLAIMS								